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Substitute for form 1449/PTO			OTO	Complete if Known		
	INFORMATION DIS	CLO:	SURE	Application Number	10/564,323	
STATEMENT BY APPLICANT Date Submitted: October 1, 2007				Filing Date	6/16/2004	
				First Named Inventor	Angelika Maria DOMSCHKE	
	Date Submitted, Oct	onei	, 2007	Art Unit	-1010-	
	(use as many sheets	as nec	cessary)	Examiner Name	ROCERS JAMES WILLIAM	
Sheet	1	of	2	Attorney Docket Number	085449-0191	

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Examiner	Cite	Document Number	Publication Date	Name of Patentee or Applicant of	Pages, Columns, Lines Where Relevant	
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Examiner Signature	/Kimberly Stewart/	Date Considered	05/27/2010			
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	Substitute for form 1449/PTO			Complete if Known		
	INFORMATION	N DISCLO	SURE	Application Number	10/564,323	
STATEMENT BY APPLICANT Date Submitted: October 1, 2007				Filing Date	6/16/2004	
				First Named Inventor	Angelika Maria DOMSCHKE	
	Date Submitted	October	1, 2007	Art Unit	1618	
(use as many sheets as necessary)			cessary)	Examiner Name	ROGERS, JAMES WILLIAM	
Sheet	2	of	2	Attorney Docket Number	085449-0191	

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NON PATENT LITERATURE DOCUMENTS					
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Examiner Signature	/Kimberly Stewart/	Date Considered	05/27/2010
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